

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

FLORIDA DELIVERS LEADERSHIP PAC

ADDRESS (number and street)

1831 BAY STREET SE

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00450247

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the  
State of

DC

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorothy Wynn

Signature of Treasurer

Electronically Filed by Dorothy Wynn

Date

12

04

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
FLORIDA DELIVERS LEADERSHIP PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	14095.50	
(c) Total Receipts (from Line 19) .....	32500.00	86570.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	46595.50	86570.71
7. Total Disbursements (from Line 31) .....	41043.49	81018.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5552.01	5552.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FLORIDA DELIVERS LEADERSHIP PAC

Report Covering the Period:

From:

M M  
1 0D D  
1 6Y Y Y Y  
2 0 0 8

To:

M M  
1 1D D  
2 4Y Y Y Y  
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19000.00	45500.00
(i) Itemized (use Schedule A) .....	0.00	755.00
(ii) Unitemized .....	19000.00	46255.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	13500.00	39500.00
(c) Other Political Committees (such as PACs) .....	32500.00	85755.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	815.71
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32500.00	86570.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32500.00	86570.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21743.49	48088.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	21743.49	48088.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19300.00	25079.40
24. Independent Expenditure (use Schedule E) .....	0.00	6850.94
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41043.49	81018.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41043.49	81018.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	32500.00	85755.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32500.00	85755.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21743.49	48088.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	815.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21743.49	47272.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)

Roy W. Block

Mailing Address 251 West Reading Way

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.4416

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Roy W. Block

Mailing Address 251 West Reading Way

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4440

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Samuel Butler, Sr.

Mailing Address 3602 Lower Park Road

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
USE Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)

Samuel Butler, Sr.

Mailing Address 3602 Lower Park Road

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
USE Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.4485

Amount of Each Receipt this Period

-500.00

Bounced Check

**B.**

Full Name (Last, First, Middle Initial)

Lee Dowd

Mailing Address 460 East Webster Avenue

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Dowd Inc.

Occupation  
Real Estate Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4462

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dykes Everett

Mailing Address 100 East Pine Street  
Suite 204

City

Orlando

State

FL

Zip Code

32801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dykes Everett & Co.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4448

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Gouloff

Mailing Address 11117 Carnoustie Lane

City

Fort Wayne

State

IN

Zip Code

46814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schenkel Schultz

Occupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4443

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Government Services Associates

Mailing Address 2121 Camden Road  
Ste. B

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4458

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Bob Hartnett

Mailing Address 2121 Camden Road  
Ste. B

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Government Services Assoc-  
iates

Occupation  
Sole Proprietor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4458.0

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)

Luis Harris

Mailing Address 3012 East Robinson Street

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L Harris Associates

Occupation

Certified Public Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4445

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Kaydette Hawkins

Mailing Address 2215 W. Gore Street

City

Orlando

State

FL

Zip Code

32805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4450

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Leila Nodarse

Mailing Address 510 Genius Drive

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nodarse & Associates

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4436

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)

Frances Pignone

Mailing Address 1720 Gatlin Avenue

City

Orlando

State

FL

Zip Code

32806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4432

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Johnny Rivers

Mailing Address 12101 Crescent Cove Ct.

City

Windemere

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JR International Enterprises

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4438

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Yovannie Storms

Mailing Address 1560 Magnolia Ave.

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4441

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)

Linda Watson

Mailing Address 1898 Turnberry Trail

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LYNX

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4434

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael T. Wright

Mailing Address 1783 Lake Baldwin Lane

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T&G Construction

Occupation  
Comptroller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4447

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Yeekion Yap

Mailing Address 6446 Old Chesterbrook Road

City

Mc Lean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bart & Associates

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.4420

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

19000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)

AKERMAN SENTERFITT &amp; EIDSON PA - PAC

Mailing Address 255 S. Orange Ave.

City

Orlando

State

FL

Zip Code

32802

FEC ID number of contributing  
federal political committee.**C** C00280008

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11C.4492

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City

LOS ANGELES

State

CA

Zip Code

90071

FEC ID number of contributing  
federal political committee.**C** C00088591

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11C.4489

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City

LOS ANGELES

State

CA

Zip Code

90071

FEC ID number of contributing  
federal political committee.**C** C00088591

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

Transaction ID: SA11C.4491

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)  
GRAYROBINSON P.A. POLITICAL ACTION COMMITTEE

Mailing Address 301 E Pine St. Suite 1400

City State Zip Code  
Orlando FL 32801

FEC ID number of contributing  
federal political committee. **C** C00224790

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11C.4454

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
HNTB HOLDINGS LTD. POLITICAL ACTION COMMITTEE

Mailing Address 715 Kirk Drive

City State Zip Code  
Kansas City MO 64105

FEC ID number of contributing  
federal political committee. **C** C00386029

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11C.4456

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
VULCAN MATERIALS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 385014

City State Zip Code  
Birmingham AL 35238

FEC ID number of contributing  
federal political committee. **C** C00116020

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 8

Transaction ID: SA11C.4507

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

13500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FLORIDA DELIVERS LEADERSHIP PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4488  <b>Date of Disbursement</b>  <div>10 / 30 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>5.00</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Biltmore Hotel and Suites</p> <p>Mailing Address 1200 Anastasia Ave.</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4486  <b>Date of Disbursement</b>  <div>10 / 28 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>245.99</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citrus Club</p> <p>Mailing Address 255 S. Orange Ave. Suite 105</p> <p>City Orlando State FL Zip Code 32801</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4512  <b>Date of Disbursement</b>  <div>11 / 14 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>215.68</div></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**466.67**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FLORIDA DELIVERS LEADERSHIP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Evans & Katz LLC	<b>Transaction ID:</b> SB21B.4506 <b>Date of Disbursement</b>																				
Mailing Address 1831 Bay Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	8												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Accounting Services	<table border="1"> <tr> <td>1361.46</td> </tr> </table>	1361.46																			
1361.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Grand Hyatt Hotel	<b>Transaction ID:</b> SB21B.4509 <b>Date of Disbursement</b>																				
Mailing Address 1000 H Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>3201.42</td> </tr> </table>	3201.42																			
3201.42																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Grand Hyatt Hotel	<b>Transaction ID:</b> SB21B.4510 <b>Date of Disbursement</b>																				
Mailing Address 1000 H Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	8												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>3201.42</td> </tr> </table>	3201.42																			
3201.42																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7764.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FLORIDA DELIVERS LEADERSHIP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Grand Hyatt Hotel	<b>Transaction ID:</b> SB21B.4511																				
Mailing Address 1000 H Street, NW	Date of Disbursement																				
City Washington State DC Zip Code 20001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	8												
Purpose of Disbursement Facilities Fee & Catering Deposit Candidate Name	Amount of Each Disbursement this Period																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) Omni Hotel	<b>Transaction ID:</b> SB21B.4508																				
Mailing Address 245 Water Street	Date of Disbursement																				
City Jacksonville State FL Zip Code 32202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	0	8												
Purpose of Disbursement Lodging Candidate Name	Amount of Each Disbursement this Period																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">700.08</td> </tr> </table>	700.08																			
700.08																					
<b>C.</b> Full Name (Last, First, Middle Initial) Ritz Carlton Amelia Island	<b>Transaction ID:</b> SB21B.4504																				
Mailing Address 4750 Amelia Island Pky.	Date of Disbursement																				
City Amelia Island State FL Zip Code 32034	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
Purpose of Disbursement Lodging Candidate Name	Amount of Each Disbursement this Period																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">834.22</td> </tr> </table>	834.22																			
834.22																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**11534.30**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FLORIDA DELIVERS LEADERSHIP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ritz Carlton Orlando	<b>Transaction ID:</b> SB21B.4500 <b>Date of Disbursement</b>
Mailing Address 4012 Central Florida Pkwy.	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Orlando State FL Zip Code 32837	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Lodging	<div>344.03</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Sticky Fingers Rib House	<b>Transaction ID:</b> SB21B.4498 <b>Date of Disbursement</b>
Mailing Address 8129 Point Meadows Way	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Jacksonville State FL Zip Code 32256	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Catering	<div>423.89</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dorothy Wynn	<b>Transaction ID:</b> SB21B.4428 <b>Date of Disbursement</b>
Mailing Address 1700 Windermere Down Place	<div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Windermere State FL Zip Code 34786	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Administrative Consulting Services	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1767.92

**TOTAL** This Period (last page this line number only) .....

21533.19

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 FLORIDA DELIVERS LEADERSHIP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BAKER FOR CONGRESS	<b>Transaction ID:</b> SB23.4464 <b>Date of Disbursement</b>
Mailing Address PO BOX 312	<div> <div>10</div> <div>28</div> <div>2008</div> </div>
City COLUMBIA State MO Zip Code 65205	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name JUDITH W BAKER	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BOB LORD FOR CONGRESS	<b>Transaction ID:</b> SB23.4478 <b>Date of Disbursement</b>
Mailing Address 4340 E INDIAN SCHOOL SUITE 21-502	<div> <div>10</div> <div>28</div> <div>2008</div> </div>
City PHOENIX State AZ Zip Code 85018	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name ROBERT JAMES LORD	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS	<b>Transaction ID:</b> SB23.4477 <b>Date of Disbursement</b>
Mailing Address P.O. Box 584	<div> <div>10</div> <div>28</div> <div>2008</div> </div>
City Wilmette State IL Zip Code 60091	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name DANIEL JOSEPH SEALS	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FLORIDA DELIVERS LEADERSHIP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS Mailing Address P.O. BOX 960821	<b>Transaction ID:</b> SB23.4481 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City RIVERDALE State GA Zip Code 30296 Purpose of Disbursement Contribution Candidate Name DAVID ALBERT SCOTT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.4427 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE Mailing Address PO BOX 68444 City VIRGINIA BEACH State VA Zip Code 23471 Purpose of Disbursement Contribution Candidate Name GLENN CARLYLE NYE, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02	<b>Transaction ID:</b> SB23.4467 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 FLORIDA DELIVERS LEADERSHIP PAC

<b>A.</b> Full Name (Last, First, Middle Initial) JEFFERSON COMMITTEE, THE	<b>Transaction ID:</b> SB23.4429 <b>Date of Disbursement</b>
Mailing Address 1723 Valmont Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 0 8</div> </div>
City State Zip Code New Orleans LA 70115	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name WILLIAM J. JEFFERSON	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS	<b>Transaction ID:</b> SB23.4470 <b>Date of Disbursement</b>
Mailing Address 550 East Walnut Street Ste 305	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City State Zip Code Columbus OH 43215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name MARY JO KILROY	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MURTHA FOR CONGRESS COMMITTEE	<b>Transaction ID:</b> SB23.4473 <b>Date of Disbursement</b>
Mailing Address Suite 120 551 Main Street BT FINANCIAL PLAZA SUITE 220	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City State Zip Code JOHNSTOWN PA 15901	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2300.00</div>
Candidate Name JOHN P MURTHA	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4300.00

**TOTAL** This Period (last page this line number only) .....

19300.00